To:



Note: Please print this page and use it as a cover sheef. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 Phone

Fax Number : (888)453-0509

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A CAR AMERICA LLC

Certificate of Status	
Certified Copy	0
Page Count	07
Estimated Charge	\$30.00

T. LEMIEUX

Help JUN 25 2025

COVER LETTER TO: Registration Section Division of Corporations A CAR AMERICA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.

ED KOTLER Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIRCLE SUITE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

ASBEL LEYVA	407	800-3005
	at () _	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

To:

□ \$25.00 Filing Fee Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) From; Tax Zone

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A CAR AMERICA LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record- Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000517624</u>	were filed on 11/15/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1505 W LANDSTREET ROAL	D SUITE 804
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32824	
Enter new mailing address, if applicable:		025
	1505 W LANDSTREET ROAL	D SUITE 804 22
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32824	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Page: 7 of 8

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ASBEL LEIVA JIMENEZ	1505 W LANDSTREET ROAD SUITE 804	□Add
		ORLANDO, FL 32824	
			■ Change
			□ Add
			□Remove
			[] Change
			□Add
			Remove
			Change
			□ Add
			□Remove
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			□ Chango

From Tax Zone

Note: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of s block does not meet the applicable state e Department of State's records.	(optional) If filing or more than 90 days after filing.) Pursuant to 605.0207 (utory filing requirements, this date will not be listed as t
he record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day after the
JUNE 10 Dated	2025	
MMI	Symptote of a member or authorized rep	
	Symptotic of a member or authorized rec	presentative of a member

Typed or printed name of signee